

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10907 63-045576

FILE NOV 22 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2524 So. 11th St.</u>	

3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle <u>G. (HOHMAN)</u> Last <u>HOHMANN</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>3</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-25-1893</u>	9. AGE (last birthday) <u>70</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Employee of Boys Club of St. Louis</u>
11a. FATHER'S NAME <u>Louis C. Hohmann</u>			11b. MOTHER'S MAIDEN NAME <u>Bertha Schumacher</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13. NAME OF HUSBAND OR WIFE <u>Irene Maxwell Hohmann</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War I</u>	16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Irene Maxwell Hohmann 2524 So. 11th St.</u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Internal Injuries; suffered when run over by train (Mo. Pacific) at the foot of Barton St., about 12:39 P.M. on Nov. 3, 1963. <u>P02X-35</u>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>
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20c. TIME OF INJURY <u>12:39</u> p.m.	Month, Day, Year <u>11-3-63</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>1:03</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>William L. Taylor, Coroner</u>	22b. ADDRESS <u>1300 Clark Ave.</u>	22c. DATE SIGNED <u>11-4-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 5, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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24. FUNERAL DIRECTOR <u>Kriegshauser 4228 S. Kingshighway Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 4 1963</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.